



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 9, 2017

Ms. Felicia Stinchfield, Manager
Gazebo Apartments At Pillsbury Manor
1510 Williston Road
South Burlington, VT 05403-6430

Dear Ms. Stinchfield:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on .
Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PRINTED: 12/30/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/21/2016
NAME OF PROVIDER OR SUPPLIER GAZEBO APARTMENTS AT PILLSBURY MANC		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 WILLISTON ROAD SOUTH BURLINGTON, VT 05403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced complaint investigation was conducted by the Division of Licensing and Protection on 12/21/16. The findings include the following:	R100	<p>POC: Regarding Resident 1/5/17</p> <p>#1 & nurses meeting held to reiterate the current care plan policy & the importance of keeping each care plan updated & detailed problems, goals, approaches that pertain to the current needs. Staff nurses will also add to the care plan when a 30 day notice has been given to the resident. The care plan will continue to be updated & current problems, needs,</p>	
R145 SS=D	<p>V. RESIDENT CARE AND HDME SERVICES</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility nurse failed to develop a written plan of care describing the care and services necessary for 1 of 5 sampled residents related to safety and with a known history of elopement. The findings include the following:</p> <p>Per medical record review for Resident #1 who has eloped from the facility on numerous occasions and at various times of day through out the months of November and December 2016. In the month of November nurses notes identify seven (7) elopements and in the first 10 days in December there are three (3) documented elopements. The resident left the facility without notice. The home was called by community members, notifying them of the</p>	R145		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6099

8X3L11

If continuation sheet 1 of 3

R145-R146 POCs accepted 1/6/17 Moberg/AN/PMU

PRINTED: 12/30/2016
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NAME OF PROVIDER OR SUPPLIER GAZEBO APARTMENTS AT PILLSBURY MANC			STREET ADDRESS, CITY, STATE, ZIP CODE 1510 WILLISTON ROAD SOUTH BURLINGTON, VT 05403		
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R145	Continued From page 1 missing resident. Staff alerted police requesting assistance in locating the missing resident. Nurses notes identify that times of absence would vary from 15 minutes and lasting up to 10 hours. The resident was not appropriately dressed for cold, snowy weather. During the leave, the resident would be found on busy roads, in another town and/or at the acute hospital seeking assistance. Per review of Resident #1's care plan, a problem/need is identified as mood disorder with an intervention dated 11/1/16 for "staff to provide one hour safety checks and monitor behaviors". There is also an intervention that identifies "if the resident attempts to go out after dark, try diversion and validation, try to encourage to remain inside due to cold weather". There is no evidence on the care plan detailing actual elopements at various times of day, evening and night nor has the care plan been updated to include a discharge plan to an appropriate secured facility. The resident was issued an 30 day discharge notice on 11/28/16.	R145	—Cont. pg 1 and approaches to ensure quality resident specific care, until the actual discharge has occurred. Staff licensed nurses & RN oversight nurse are responsible. Effective 1/4/17 Julia Stinchfield Nurse Administrator Responsible for accountability. 1/5/17		
R146 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and policy review, the facility nurse failed to ensure that all	R146	POC: Regarding residents #1, #3, #4, & #5 effective 1/4/17 all charge nurses/personnel will		

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If continuation sheet 2 of 3

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GAZEBO APARTMENTS AT PILLSBURY MANC

1510 WILLISTON ROAD

SOUTH BURLINGTON, VT 05403

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R146	<p>Continued From page 2</p> <p>direct care staff have instruction and supervision on delegated tasks assigned, as it relates to supervision and monitoring residents for safety purposes for elopement and falls, for 4 of 5 sampled residents (Resident #1, #3, #4 and #5,). The findings include the following:</p> <p>Per medical record review for Residents #1, #3, #4 and #5 all have Service Check lists for Patient Care Attendants (PCA's) to follow. The lists identify the need to conduct hourly checks for each shift for each of the listed residents. The PCA is to initial the hourly check off sheet identifying that the hourly check was completed.</p> <p>Confirmation was made by the Nurse Administrator that both the Service Check off Lists and the hourly check sheet are incomplete. Therefor, she/he cannot ensure that the hourly checks were conducted on all 4 residents listed as identified on the PCA assignment.</p>	R146	<p>cont pg 2</p> <p>be responsible for hourly checks completion. The charges will insure that the hourly checks are done and will be responsible for initialing the check off sheets every check.</p> <p>Residential Care Director, RN oversight Nurse are also responsible.</p> <p>Nurse Administrator responsible for accountability.</p> <p>Jelicia Hinchey</p>	

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If continuation sheet 3 of 3